or digestive trouble. At the point of injection there has been no inflammatory reaction or induration. The buttocks have been found to offer the most satisfactory region for injection, and four insertions can readily be made on each side, the solution being thrown deep into the muscles.

The therapeutic results have been most favorable. Recent macular eruptions have disappeared after three or four injections, papular and ulcerous syphilides after six or seven, and gummous lesions after nine or ten. The treatment is continued until complete disappearance of every manifestation of the disease, and is then suspended for from three to five weeks, after which six to eight injections are made. The child is then kept under observation for at least three months. Relapses have never been observed.

Changes in the Peripheral Lymph-glands in the Chronic Gastro-enteritis of Nurslings.—Fröhlich (*Jahrbuch f. Kinderheilkunde*, 1898, Band xlvii. S. 20) calls attention to the frequency of adenitis, especially of the inguinal glands, in chronic gastro-enteritis. These swollen glands vary in size from that of a lentil to that of a cherry; they are elastic and disposed in chains, in general resembling the adenopathy provoked by syphilis.

Histological examinations were made by the author in twenty cases in which the children during life presented no other general disease or local affection; none of the glands were tuberculous. In five cases there was simple hyperplasia; in three hypertrophy of the follicles; in one cirrhosis, with considerable increase of the interstitial connective tissue; in six multiple hemorrhagic foci; and in five a degeneration with necrosis similar to that observed in diphtheria. In no case were micro-organisms found in these ganglia.

The author attributes this adenitis to a special effect of toxins elaborated in the intestine.

A Grave Intestinal Infection of Infancy.—Tommasi (*Journal de Clinique et Thérapeutique infantiles*, 1898, No. 18) describes a grave epidemic disease which he has observed for several years in and about Naples during the summer season. The symptoms in general present the following characteristics: The disease begins with a simple gastro-intestinal catarrh, in which uncontrollable vomiting is a marked feature. The tongue is never typhoid in appearance, and the spleen is not enlarged. Gradually the nutrition fails and the nervous system shows evidences of depression or of excitation (persistent blepharospasm, eclampsia, convulsions of Jacksonian type, mydriasis, myosis, meningism). The fever is of no distinct type; it presents rapid and transitory elevations, sometimes is wanting altogether. Various cutaneous eruptions, scarlatiniform, rubeolic, or papular in type, with petechiæ or furuncles, have been observed at all periods of the disease and with variable distribution, preferably upon the trunk. Perspiration is abundant, as is also diuresis at the beginning; but later, with the aggravation of the disease, the urine diminishes and eventually is suppressed.

As complications, angina, thrush, broncho-pneumonia, and otitis have been observed. Autopsy has shown slight alterations in the intestines, the liver slightly enlarged, the spleen and nervous system normal. The duration is variable and the prognosis is always grave. Hot weather and errors of diet appear to play the principle rôle in etiology. According to the bacteriological researches, the author concludes that the colon bacillus is the principal agent, since it has been found constantly in the stools in large numbers. The variability of the clinical picture depends upon the association with other bacteria, among which are the bacillus subtilis, the proteus, staphylococci and streptococci.

[The author has given a very easily-recognized picture of the grave forms of milk-infection of hot weather, with which all American observers are thoroughly familiar.]

The Enanthem of German Measles.—FORCHHEIMER (*Pediatrics*, July 1, 1898), at the recent meeting of the American Pediatric Society, described as characteristic of this disease an enanthem which he has been led by observation to believe must be present in all cases. This is a macular, distinctly rose-red eruption upon the velum of the palate, the uvula, extending to but not onto the hard palate. These spots are arranged irregularly, not crescentically, are the size of large pinheads, and are very little elevated above the level of the mucous membrane. In twenty-two cases in which the eruption was studied there was no instance of the exanthem with which there was not present a suggestion of the enanthem. It is, however, very short-lived, and fades away within the first twenty-four hours, and then appear certain results of involution, not present in the majority of cases.

It is the same eruption found upon the skin, characterized by the size of efflorescence, its arrangement, the absence of great infiltration, and, above all, by its color, a pure pinky rose-red, almost exactly the same as the roseola of typhoid fever. During involution pigmented deposits are sometimes left, usually of a yellowish or yellowish-brown color, either in spots or in streaks.

The claim of distinctiveness is supported by comparison with the enanthem of the two diseases with which rubella is confounded. In scarlatina it appears from twelve to twenty-four hours before the eruption, upon the pillars of the fauces, in the form of the characteristic puncta, then rapidly spreading over the mouth in the form of a scarlet-red coalescing eruption, which finally ends in desquamation, producing the strawberry tongue, and lasting well into the second week of the disease. In measles the enanthem begins upon the soft palate from thirty-six to forty-eight hours before the exanthem, in the form of purplish or bluish papules, arranged crescentically, and extends over the cheeks, accompanied by the blue tongue. It is at its maximum with the beginning of the eruption, and may take as long as three to four days to disappear.

In conclusion, the author stated that these studies were made in one epidemic only, and their verification must rest with the study of other epidemics before they can be accepted as belonging to all cases of rubella under all circumstances.

Dr. Fruitnight had found the sign described by Dr. Forchheimer in more than 70 per cent. of the cases, and was inclined to think it a diagnostic test. In concluding the discussion Dr. Forchheimer stated that the spots in German measles did not increase in size. When they appeared they came out in their largest circumference, and then there took place a process of involution which sometimes in very pale mouths led to pigmentation, just as pigmentation may occur in the skin.